

Name: _____

Date: _____

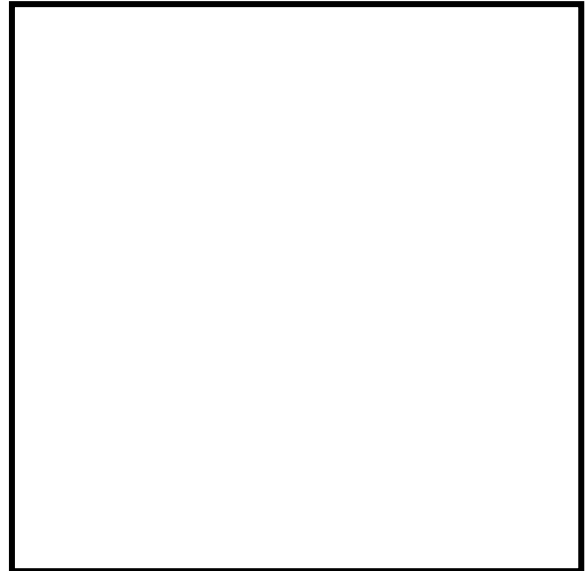
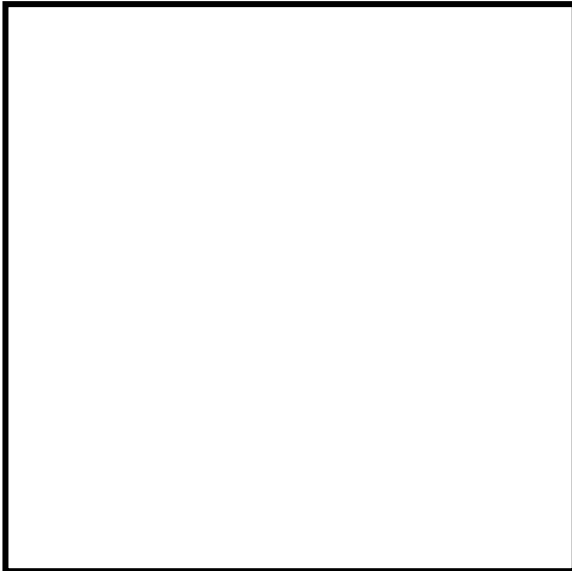
Time Quadrants

Think about how you have spent your time in the last few days. What sorts of tasks and activities occupied your time? What took up most of your time? School? Work? Homework? Watching TV? Reading? Computer games? Hanging out? Chores? Write down everything that occupied your time in the appropriate quadrant below. Do most of your activities fall into one particular quadrant?

Urgent

Not Urgent

Important



Not Important

